

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Nita Lowey for Congress

ADDRESS (number and street)
▼

PO Box 271

☐Check if different
than previously
reported. (ACC)

White Plains

NY

10605

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00219881

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

NY

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Melnikoff

Signature of Treasurer

Electronically Filed by Richard Melnikoff

Date

0 1

3 1

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

2 / 25

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period:

From:

M M
1 1D D
2 3Y Y Y Y
2 0 1 0

To:

M M
1 2D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	7560.00	11810.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7560.00	11810.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	70718.73	137629.84
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	70718.73	137629.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	743693.84	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

3 / 25

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	3	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	7250.00	10750.00
(i) Itemized (use Schedule A).....	310.00	1060.00
(ii) Unitemized.....	7560.00	11810.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	7560.00	11810.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	207.29	207.29
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7767.29	12017.29

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70718.73	137629.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	25000.00	29000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ➤	95718.73	166629.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	831645.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	7767.29
25. SUBTOTAL (add Line 23 and Line 24).....	839412.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95718.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	743693.84

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)

ann bavar

Mailing Address 615 harrison ave

City

harrison

State

NY

Zip Code

10528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manhattanville College

Occupation
Professor

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 1 0

Transaction ID: C19015107

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Leah Lenney

Mailing Address 14 North Chatsworth Avenue

City

Larchmont

State

NY

Zip Code

10538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leah Lenney Interiors

Occupation
Interior Designer

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 1 0

Transaction ID: C19013170

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Harriet Miller

Mailing Address 50 Popham Road, Apt 1F

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: C19015361

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)

Susan Miller

Mailing Address 23 Star Island

City

Miami Beach

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 1 0

Transaction ID: C19013173

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lawrence Ruben

Mailing Address 24 Purchase Street
Crossings at Blind Brook

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Ruben Company Inc

Occupation

Real Estate Developer

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 1 0

Transaction ID: C19013171

Amount of Each Receipt this Period

2400.00

C.

Full Name (Last, First, Middle Initial)

Lawrence Ruben

Mailing Address 24 Purchase Street
Crossings at Blind Brook

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Ruben Company Inc

Occupation

Real Estate Developer

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 1 0

Transaction ID: C19013172

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

7250.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) American Express Merchant Services	Transaction ID: D447167 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees	<div> <div></div> <div>4.95</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) American Express Merchant Services	Transaction ID: D447187 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 6 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees	<div> <div></div> <div>238.58</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Angel Media & Publishing Inc.	Transaction ID: D447213 Date of Disbursement
Mailing Address 26 Snake Hill Rd D/B/A Rockland Review	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City West Nyack State NY Zip Code 10994-1610	Amount of Each Disbursement this Period
Purpose of Disbursement Journal Advertisement	<div> <div></div> <div>544.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

787.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) Beta Parking	Transaction ID: D447218 Date of Disbursement
Mailing Address 545 5th Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City New York State NY Zip Code 10017	Amount of Each Disbursement this Period
Purpose of Disbursement Monthly Parking Candidate Name	<div> <div>400.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) David Ziff Cooking Inc.	Transaction ID: D447235 Date of Disbursement
Mailing Address 184 East 93 Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 1 0</div> </div>
City New York State NY Zip Code 10128	Amount of Each Disbursement this Period
Purpose of Disbursement Event Catering Candidate Name	<div> <div>3595.05</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Diane Bondareff	Transaction ID: D447236 Date of Disbursement
Mailing Address 545 West 111th St, 4D	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 1 0</div> </div>
City New York State NY Zip Code 10025	Amount of Each Disbursement this Period
Purpose of Disbursement Photography Services Candidate Name	<div> <div>628.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4623.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
Kimberly L. DiTomaso

Mailing Address 428 W 23rd St, #2B

City State Zip Code
New York NY 10011

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447238

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5942.67

B.

Full Name (Last, First, Middle Initial)
Kimberly L. DiTomaso

Mailing Address 428 W 23rd St, #2B

City State Zip Code
New York NY 10011

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447230

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2840.71

C.

Full Name (Last, First, Middle Initial)
Kimberly L. DiTomaso

Mailing Address 428 W 23rd St, #2B

City State Zip Code
New York NY 10011

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447189

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2840.71

SUBTOTAL of Disbursements This Page (optional)

11624.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) Kimberly L. DiTomaso	Transaction ID: D447210 Date of Disbursement
Mailing Address 428 W 23rd St, #2B	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City New York State NY Zip Code 10011	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement	<div> <div></div> <div>838.74</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: D447194 Date of Disbursement
Mailing Address PO BOX 1140	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period
Purpose of Disbursement Deliveries	<div> <div></div> <div>120.49</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: D447195 Date of Disbursement
Mailing Address PO BOX 1140	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period
Purpose of Disbursement Deliveries	<div> <div></div> <div>160.72</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1119.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 1140	Transaction ID: D447196 Date of Disbursement <div> <div>12</div> <div>10</div> <div>2010</div> </div>
City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>16.89</div>
B. Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D447197 Date of Disbursement <div> <div>12</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>190.15</div>
C. Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D447198 Date of Disbursement <div> <div>12</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>160.16</div>

SUBTOTAL of Disbursements This Page (optional)

367.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 1140	Transaction ID: D447199 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>169.26</div>
B. Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D447200 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>26.51</div>
C. Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D447201 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>21.34</div>

SUBTOTAL of Disbursements This Page (optional)

217.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
Ford Credit

Mailing Address PO Box 220564

City State Zip Code
Pittsburgh PA 15257-2564

Purpose of Disbursement
Monthly Car Lease

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447242

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1028.54

B.

Full Name (Last, First, Middle Initial)
Jewish Tribune

Mailing Address 78 Randall Avenue

City State Zip Code
Rockville Centre NY 11570

Purpose of Disbursement
Journal Advertisement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447220

Date of Disbursement

/ /

Amount of Each Disbursement this Period

547.20

C.

Full Name (Last, First, Middle Initial)
Jewish Tribune

Mailing Address 78 Randall Avenue

City State Zip Code
Rockville Centre NY 11570

Purpose of Disbursement
Journal Advertisement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447221

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1636.00

SUBTOTAL of Disbursements This Page (optional)

3211.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
Keypost Realty Corp.

Mailing Address PO Box 8197

City State Zip Code
White Plains NY 10602-8197

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D447165

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1466.66

B.

Full Name (Last, First, Middle Initial)
LPB Graphics, Inc.

Mailing Address 512 Route 27

City State Zip Code
Iselin NJ 08830

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D447222

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3550.13

C.

Full Name (Last, First, Middle Initial)
New Jersey/Rockland Jewish Media Group

Mailing Address 1086 Teaneck Road

City State Zip Code
Teaneck NJ 07666

Purpose of Disbursement
Journal Advertisement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D447224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

234.00

SUBTOTAL of Disbursements This Page (optional)

5250.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) Noam Bramson	Transaction ID: D447164 Date of Disbursement
Mailing Address 201 Pinebrook Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 1 0</div> </div>
City New Rochelle State NY Zip Code 10804	Amount of Each Disbursement this Period
Purpose of Disbursement Strategic Consulting Services Candidate Name	<div> <div>3750.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: D447190 Date of Disbursement
Mailing Address 100 Painters Mill Road PO Box 388	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 9 / 2 0 1 0</div> </div>
City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes Candidate Name	<div> <div>3002.24</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: D447191 Date of Disbursement
Mailing Address 100 Painters Mill Road PO Box 388	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 9 / 2 0 1 0</div> </div>
City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Fee Candidate Name	<div> <div>74.20</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6826.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 100 Painters Mill Road PO Box 388</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D447231</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>1 2</div> <div>1 5</div> <div>2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3002.24</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 100 Painters Mill Road PO Box 388</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D447232</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>1 2</div> <div>1 5</div> <div>2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>71.65</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 100 Painters Mill Road PO Box 388</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D447240</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>1 2</div> <div>3 0</div> <div>2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>4360.18</div> </p>

SUBTOTAL of Disbursements This Page (optional)

7434.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

<p>A. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 100 Painters Mill Road PO Box 388</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D447241</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="143.30"/></p>
<p>B. Full Name (Last, First, Middle Initial) PCMS, LLC</p> <p>Mailing Address 5304 McKinley Street</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D447215</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2746.13"/></p>
<p>C. Full Name (Last, First, Middle Initial) Pelham Weekly</p> <p>Mailing Address 306 Fifth Ave</p> <p>City Pelham State NY Zip Code 10803</p> <p>Purpose of Disbursement Print Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D447214</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="720.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

3609.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) Rockland County Times	Transaction ID: D447211 Date of Disbursement
Mailing Address 119 Main St 2nd FL	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Nanuet State NY Zip Code 10954	Amount of Each Disbursement this Period
Purpose of Disbursement Print Advertisement	<div>450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Rockland County Times	Transaction ID: D447212 Date of Disbursement
Mailing Address 119 Main St 2nd FL	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Nanuet State NY Zip Code 10954	Amount of Each Disbursement this Period
Purpose of Disbursement Print Advertisement	<div>450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) State Insurance Fund	Transaction ID: D447202 Date of Disbursement
Mailing Address Workers' Compensation PO Box 4788	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Syracuse State NY Zip Code 13221-4788	Amount of Each Disbursement this Period
Purpose of Disbursement Disability Insurance	<div>1240.43</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2140.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
SunTrust Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447219

Date of Disbursement

/ /

Amount of Each Disbursement this Period

632.70

B.

Full Name (Last, First, Middle Initial)
The Frost Group

Mailing Address 2737 Devonshire Place, NW #325

City Washington State DC Zip Code 20008

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
The Frost Group

Mailing Address 2737 Devonshire Place, NW #325

City Washington State DC Zip Code 20008

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10632.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) Utrecht & Phillips, PLLC	Transaction ID: D447216 Date of Disbursement
Mailing Address 1900 M Street, NW Suite 500	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Legal Services Candidate Name	<div> <div></div> <div>4037.50</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Utrecht & Phillips, PLLC	Transaction ID: D447217 Date of Disbursement
Mailing Address 1900 M Street, NW Suite 500	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Legal Services Candidate Name	<div> <div></div> <div>2445.43</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D447161 Date of Disbursement
Mailing Address PO BOX 489	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 1 / 3 0 / 2 0 1 0</div> </div>
City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period
Purpose of Disbursement Cell Phone Service Candidate Name	<div> <div></div> <div>517.11</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7000.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D447239 Date of Disbursement
Mailing Address PO BOX 489	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 1 0</div> </div>
City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period
Purpose of Disbursement Cell Phone Service Candidate Name	<div> <div>342.57</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D447237 Date of Disbursement
Mailing Address 350 Granite Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 1 0</div> </div>
City Braintree State MA Zip Code 02184	Amount of Each Disbursement this Period
Purpose of Disbursement Office Phone Expense Candidate Name	<div> <div>622.89</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D447162 Date of Disbursement
Mailing Address 350 Granite Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 1 0</div> </div>
City Braintree State MA Zip Code 02184	Amount of Each Disbursement this Period
Purpose of Disbursement Office Phone Expense Candidate Name	<div> <div>731.27</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1696.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO BOX 1270	Transaction ID: D447168 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 1 0</div> </div>
City State Zip Code Newark NJ 07101 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2766.68</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 60 Massachusetts Ave, NE City State Zip Code Washington DC 20002 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D447169 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>631.00</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Crowne Plaza Mailing Address 66 Hale Ave City State Zip Code White Plains NY 10605 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D447185 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>522.16</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

2766.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) Hilton Rye Town	Transaction ID: D447186 Date of Disbursement
Mailing Address 699 Westchester Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 1 0</div> </div>
City Rye Brook State NY Zip Code 10573	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>494.34</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: D447181 Date of Disbursement
Mailing Address 2345 Crystal Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 1 0</div> </div>
City Arlington State VA Zip Code 22227	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>493.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D447182 Date of Disbursement
Mailing Address PO BOX 489	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 1 0</div> </div>
City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period
Purpose of Disbursement Cell Phone Service	<div>105.99</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO BOX 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447204

Date of Disbursement

/ /

Amount of Each Disbursement this Period

421.72

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO BOX 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
Membership Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447209

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

421.72

TOTAL This Period (last page this line number only)

69729.70

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 25

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Unlimited Transfer to a Party Commi

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D447233

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	1	0

Amount of Each Disbursement this Period

25000.00

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

25000.00